

INVOICE		Customer Name	
		CITY OF BELLFLOWER	
Remit to: LA County Sheriff's Department P.O. Box 512816 Los Angeles CA 90051-0816	Customer Number	Invoice Number	Invoice Date
	507855	222131VL	02-23-22
		ARDept/BPRO	Due Date
		SH:PM	03-25-22
		Project No	Revenue Source
			9428
	Amount Due	Amount Enclosed	
		\$177.13	

Bill to:
CITY OF BELLFLOWER
Attn: City Administrator
16600 Civic Center Drive
Bellflower CA 90706-5474

Payment Method: Check ☐ Money Order ☐

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

☐ Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to LA County Sheriff's Department



Sheriff

ORIGINAL

Customer Number	Invoice Number	Invoice Date
507855	222131VL	02-23-22

Invoice Charges									
Ref Line No.	Project Desc	Description	Service From	Service To	Taxable	No. of Units	Unit of Measure	Unit Price	Charges/Credit
1		Prisoner Maint - Cities	01-01-22	01-31-22					\$177.13
TOTAL INVOICE Charges									\$177.13

Other Charges	
Description	Charges
TOTAL OTHER Charges	

Credit Payments Applied	\$0.00
Total Amount Due By 03-25-22	\$177.13

Please include your invoice number on all payments. MAKE CHECK PAYABLE TO: LOS ANGELES COUNTY SHERIFF'S DEPARTMENT P.O. BOX 512816, LOS ANGELES, CA 90051-0816. Direct Inquiries to: 211 W. Temple St, 6th floor, Los Angeles, CA 90012 (213) 229-3241.

LOS 01

DESCRIPTION: Prisoner maintenance - Jan. 2022
ACCOUNT#: 010-42122-2200 AMOUNT: \$ 177.13
DESCRIPTION: _____ AMOUNT: \$ _____
ACCOUNT#: _____ AMOUNT: \$ _____
P.O.#: _____
ORIGINATOR: M. Mellana (AP) REVOLVING / SPECIAL
APPROVED BY: [Signature] BUDGET OVERRIDE: YES / NO
FINANCE DEPARTMENT
ENTERED BY: _____ DATE: _____
APPROVED BY: _____

FINANCIAL PROGRAMS BUREAU
CHARGEABLE TO: BELLFLOWER

[illegible]